2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000042222

1. Entity Name

BARILOCHE HOLDINGS INC.



Mailing Address

303 BANYAN BLVD SUITE 401 WEST PALM BEACH, FL 33401

Principal Place of Business

303 BANYAN BLVD SUITE 401 WEST PALM BEACH, FL 33401 FILED Jan 29, 2007 08:00 AM Secretary of State



01162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1095849 Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHERER, BRADLEY A 303 BANYAN BOULEVARD SUITE 401 WEST PALM BEACH, FL 33401

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The above named entity submits this statement or the part the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title	purpose of changing its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	

After May 1, 2007 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

DPTS TITLE SCHERER, BRADLEY A NAME 303 BANYAN BLVD, SUITE 401 STREET ADDRESS WEST PALM BEACH, FL. 33401 CITY-ST-ZIP TITLE NAME SCHERER, BETTINA A STREET ADDRESS 303 BANYAN BLVD, SUITE 401 CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empty hered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Brook Scela

SIGNATURE:

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NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01

Daytime Phone #